

Proof of Claim: <CLAIM NUMBER> 20998

Claimant: >CLAIMANT NAME< Luz Gardy Saldana Gonzalez

INFORMATION REQUESTED TO PROCESS YOUR CLAIM**Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following address:

Commonwealth of Puerto Rico Supplemental Information Processing Center
c/o Prime Clerk, LLC
850 Third Avenue, Suite 412
Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

A pending or closed legal actions with or against the Puerto Rico government

■ Current or former employment with the Government of Puerto Rico

□ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

3. **Employment.** Does your claim relate to current or former employment with the Government of Puerto Rico?

□ No, Please continue to Question 4.

■ Yes, Answer Questions 3(a) – (d).

3(a). Identify the specific agency or department where you were or are employed:

Departamento de Salud-Correccional y Departamento de Educación

3(b). Identify the dates of your employment related to your claim:

Desde el 1 de abril de 1987 hasta el 31 de agosto de 2018

3(c). Last four digits of your social security number: 6443

3(d). What is the nature of your employment claims (select all applicable):

☐ Pension

☒ Unpaid Wages

☐ Sick Days

☐ Union Grievance

☐ Vacation

☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

Ley 89-1995, Ley 134-1996, Ley 96-2002, Ley 164-2003,
Ley 164-2004 y Ley 109-2008

4. Legal Action Does your claim relate to a pending or closed legal action?

☒ No

☐ Yes

4(a). Identify the department or agency that is a party to the action.

D/A

4(b). Identify the name and address of the court or agency where the action is pending:

D/A

4(c). Case number: D/A

4(d). Title, Caption, or Name of Case: D/A

4(e). Status of the case (pending, on appeal, or concluded): D/A

4(f). Do you have an unpaid judgment? Yes/No (Circle one)

If yes, what is the date and amount of the judgment? D/A

RECLAMANTE: Luz Gardy Saldaña González

NUMERO DE PROCEDIMIENTO 17 BK 3283 - LTS

NUMERO DE RECLAMACION: 80998

Reclamación de dinero adeudado de leyes aprobadas que me competen por mis años de servicio desde el 1 de abril de 1987 hasta el 31 de agosto de 2018 como Tec. Trat. Psicosocial II & Maestra Educación Especial Dept. de Salud Correccional y Maestra Educación Especial, Dpto. Educación de la Puerto Rico Telephone Company - ZLA.

~~1. Ley 89 julio 1995 ROMERAZO~~ CANTIDAD \$

Así como otras leyes que me apliquen y no se me otorgo la compensación correspondiente.

Le agradezco la atención sobre este asunto.

Atentamente,

Luz Gardy Saldaña González
Nombre en letra de molde

Luz Gardy Saldaña González
Firma y fecha

① Ley 89 - Julio 1995 - Romerazo	Cantidad Adeudada \$ 27,600.00
② Ley 134 - 1996 - Aport. Acum. Retiro	\$ 26,400.00
③ Ley 96 - Julio 2002 - Aumento Sueldo	\$ 19,200.00
③ Ley 164 - Julio 2003 - Aumento Sueldo	\$ 18,000.00
④ Ley 164 - enero - 2004 - Sila M. Calderón	\$ 16,800.00
⑤ Ley 105 - Junio - 2008 - Esc. Sal. Pasos	\$ 12,000.00
	<hr/> \$ 120,000.00